ORIGINAL

AMERICAN STOP SMOKING INTERVENTION STUDY (ASSIST)

FOR CANCER PREVENTION

RFP NO. NCI-CN-95165-38

Michigan Department of Public Health
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TECHNICAL PROPOSAL

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ASSIST TECHNICAL PROPOSAL
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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LIST OF ACRONYMS USED IN THE PROPOSAL

ACS	American Cancer Society
AHA	American Heart Association
ALA	American Lung Association
APEX	ASSIST Project Executive Committee
APSC	ASSIST Project Steering Committee
DTFC	Detroit Tobacco-Free Coalition
MCIAA	Michigan Clean Indoor Air Act
MDPH	Michigan Department of Public Health
MHI	Michigan Health Initiative
MITOP	Michigan Tobacco Program, Michigan Department of Public Health
SAFE	Smoke-free Air for Everyone (Kent County Coalition)
SMART	Smoke-free Multi-Agency Resource Team (Genesee County Coalition)
TFMAC	Tobacco-Free Michigan Action Coalition (state-wide coalition)
U.P.	Upper Peninsula of Michigan
UPTFC	Upper Peninsula Tobacco-Free Coalition

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I Michigan Tobacco Reduction Coalition Newsletter

J Diabetes Outreach Network Summary

K Task Force on Minority Health Report, Executive Summary

L Chronic Disease Advisory Committee, 1989 Annual Report

M Michigan Cancer Consortium membership list

N ACS Strategic Directions Task Force Report

O ACS 1989 Annual Report

P ACS "Beating the Odds" recruitment letter

Q Resumes for state personnel

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I. INTRODUCTION

A. Provide a general description of the site.

The proposed site for the ASSIST project is the state of Michigan, which consists of two peninsulas commonly referred to as the Upper Peninsula and the Lower Peninsula. The state has as its principal boundaries four of the five Great Lakes--Lake Superior to the north, Lake Huron on the east, Lake Michigan to the west, and Lake Erie to the south. Adjoining states include Indiana and Ohio, to the south of the Lower Peninsula, and Wisconsin, which is along the western edge of the Upper Peninsula.

Michigan's two peninsulas are separated by Lake Michigan and Lake Huron. The five-mile Mackinac Bridge spans the Straits of Mackinac between the lakes to provide the only highway connection between the peninsulas. The state has 3,200 miles of coastal area. Michigan is 456 miles long and 386 miles wide. There are 56,817 squares miles of land, 1,398 square miles of inland water, and 38,575 square miles of Great Lakes water area.[1]

B. Discuss the population distribution and demographics.

Michigan had an estimated 1988 population of 9,239,811, which represents approximately 4 percent of the total U.S. population, and ranks it eighth in population among the 50 states.[2] Michigan's total population remained relatively stable between 1978 and 1988, with an estimated increase in population of only .4 percent.[3]

According to one recent study attempting to adjust for census undercounts, approximately 20 percent of Michigan's population belongs to one of five racial or ethnic minorities--Black, Hispanic, Asian-Pacific Islander, Arabic or Native American.[4]

Blacks, the largest minority group in Michigan, comprise 14.8 percent of the State's population. In 1980, 97.3 percent of Michigan's black residents lived in an urban area. Moreover, 83 percent of urban blacks live in central cities with 63 percent of the black population residing in Detroit.[5]

Hispanics comprise 2.0 percent of Michigan's population, and are the second largest minority group in Michigan. Hispanics of Mexican origin were the largest subgroup, constituting approximately 69 percent of all Hispanics in the state. Also represented are persons originating from Puerto Rico, Cuba, Central and South America, and Spain.[6]

The Arab population in Michigan has grown rapidly in the past two decades due to immigration. According to the 1980 census, there were more than 69,000 Michigan residents who traced their origins

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to several Middle Eastern countries, including Lebanese (more than 40 percent), Arabians, Assyrians, Syrians, and Iraqis. Three quarters of Michigan Arabs reside in the Detroit area, most notably the suburb of Dearborn.[7]

The next largest population group in Michigan is Asian-Pacific Islanders, numbering approximately 62,000. This group includes Asian Indians, Filipinos, Chinese, Koreans, Japanese, and Vietnamese.[8]

Native Americans in Michigan number approximately 45,000. These are almost exclusively American Indians, as the Eskimo and Aleut population in Michigan is quite small. Three major tribal groups are found in the state--Ojibwa (Chippewa), Odawa (Ottawa), and Potawatomi. There are six federally-recognized reservations in Michigan, serving about 10,000 people. The majority of Michigan Indians, however, live in urban areas, with one third of the total in the Detroit metropolitan area.[9]

TABLE 1.E.1.

Population Distribution by Age and Gender
Michigan (in thousands), 1988

Age	Male	Female	Total
Under 5 yrs	346	331	677
5 to 14 yrs	685	651	1,336
15 to 24 yrs	742	738	1,480
25 to 34 yrs	820	827	1,646
35 to 44 yrs	647	663	1,310
45 to 54 yrs	440	461	900
55 to 64 yrs	388	425	814
65 to 74 yrs	288	361	649
75 to 84 yrs	123	204	326
85 yrs and over	28	73	101
Total	4,506	4,734	9,240

Source: U.S. Bureau of the Census, Current Population Reports; Series P-25, No. 1044, "State Population and Household Estimates, 1981 through 1988" U.S. Government Printing Office, Washington, DC, 1989.

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TABLE 1.E.2

Population Estimates by Race and Hispanic Origin
Michigan, 1985

Race	Number[¥]	Percent of Population
White	7,715	84.9
Black	1,243	13.7
Other[£]	130	1.4
Total	9,088	100.0
Hispanic[§]	155	1.7

¥ In thousands
£ "Other" race category includes Asian or Pacific Islanders, American Indians, Eskimos or Aleuts.
§ Hispanics are also included in the white or black race categories.

Source: U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1044-RD-1, "Population Estimates by Race and Hispanic Origin for States, Metropolitan Areas, and Selected Counties: 1980 to 1985" U.S. Government Printing Office, Washington, DC, 1989.

The state of Michigan is most densely populated in the southern half of the Lower Peninsula, and specifically in the southeastern corner which encompasses the Detroit metropolitan area. From central Michigan northward, the population generally diminishes in number, with the Upper Peninsula being the least populated area of the state. Michigan's urban population centers are separated by wide expanses of rural area used for farming or wilderness/recreational purposes.

Further demographic details are included in Section I.D., in which the intensive intervention regions are fully described, and in Table I.E.1 (Population Distribution by Age and Gender) and Table I.E.2. (Population Estimates by Race and Hispanic Origin), above.

C. Discuss the site organization, structure, political and geopolitical factors.

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The state of Michigan is organized into 83 counties, 15 of which are in the Upper Peninsula (U.P.). The political organization of the state and its counties is described in Section IV.A.1. (Policy). Additional information on the organization of the intensive intervention regions is included below in Section I.D. Especially relevant to the ASSIST project, however, is the structure of the public health system in Michigan.

Public Act 368 of 1978, known as the Michigan Public Health Code, was the culmination of a major effort to revise and codify all of Michigan's public health laws, many of which were more than a century old. Among its provisions are those which set forth the powers, responsibilities, and relationships of the Michigan Department of Public Health and local health departments.

The Public Health Code requires every county to provide for an independent county-wide local health department, by organizing a single county department or by joining with other counties to create a multi-county district health department. Their budgets are controlled by their respective county boards of commissioners. In the case of multi-county district health departments, there are district boards of health, consisting of county commissioners from each county in the district. The Public Health Code allows the city of Detroit to organize its own health department, autonomous from Wayne County in which Detroit is located.

The Public Health Code makes local health departments responsible for providing many of the services necessary to implement a number of regulatory laws and for providing basic health services. According to the code, the state health department is responsible for determining that the public health statutes are implemented and providing assistance to local health departments in implementing local health services. Much of the funding for specific programs passes through the state health department to local health departments.

The relationship between the Michigan Department of Public Health and local health departments is often characterized as the state and local "partnership for health." It is in many ways similar to the relationship between states and the national government embodied in the concept of "federalism." In general, this complex balance of independence and supervision works well. It provides a maximum degree of flexibility to meet local needs, in ways that are suitable to individual communities, while at the same time preserving the ability to ensure a common set of services and expectations across the state.

This organization of state and local health departments is the vehicle through which the ASSIST project would be managed in Michigan.

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D. **Justify and discuss proposed organization of the site for intervention, including any identified intervention regions.**

General Goals and Objectives

The purpose of this proposal is to organize and maintain a set of state-wide and local anti-tobacco coalitions which will undertake a variety of activities in order to reduce the prevalence of smoking in Michigan to less than 15 percent, among those age 16 and over, by the year 2000. By combining the considerable resources available through the ASSIST project with those which are currently available in Michigan, this goal is both achievable and consistent with those set by the National Cancer Institute for the U.S. as a whole.[10] Ancillary goals of this proposal include preventing and reducing alternative forms of tobacco use, and increasing the protection of non-smokers from the hazards of smoking, including illness from exposure to environmental tobacco smoke, adverse effects of fetal exposure to maternal smoking, and fire injuries and property loss caused by smoking.

The ASSIST RFP states (p.32) that, assuming a linear rate of decrease, a U.S. smoking prevalence of 17 percent is required by 1998, the last year of the ASSIST project intervention phase, in order to achieve 15 percent prevalence by the year 2000. It is also stated that this represents a 43 percent decrease from the 1985 CPS estimate of 29.5 percent[11] for the U.S. The RFP further states that at least a 43 percent reduction from the 1985 prevalence estimate is the goal for each of the ASSIST project sites.

The applicant believes that proportionately larger decreases must be achieved in those ASSIST project sites which are at or above the U.S. smoking rate, as is the case in Michigan. Moreover, in order to reach the national goal, ASSIST project sites must do better than the required national average since areas without ASSIST project resources cannot be expected to achieve the same level of reductions.

Based upon this rationale, the primary objective of this proposal is, by 1998, to achieve a 46.5 percent reduction in the prevalence of smoking among Michigan residents age 16 and older, and, by the year 2000, an overall reduction of 53.7 percent in smoking prevalence. (These figures use as a baseline the 1985 Current Population Survey estimate of 32.4 percent smoking prevalence in Michigan.) Assuming a linear rate of decrease, this objective is consistent with reaching a Michigan smoking prevalence of 17.3 percent by 1998 and a state smoking prevalence of less than 15 percent by the year 2000.

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Organization of the Site

Since the site for the ASSIST project is the entire state of Michigan, many activities will be undertaken with the expectation of impacting on the state at large. However, within the overall site, four regions have been identified for intensive intervention. They are the city of Detroit, Genesee County (including the city of Flint), the Upper Peninsula, and Kent County (including the city of Grand Rapids).

These regions were selected for several reasons. First, intensive efforts in these areas can contribute significantly to lowering the state-wide smoking prevalence because they contain more than one quarter of the state's population (27.3 percent). Second, their locations provide equitable geographic coverage of the entire state. Third, they are politically diverse and well represented constituencies. Fourth, the regions represent a good mixture of rural and urbanized areas. Fifth, the ASSIST Project will benefit from the fact that strong, active coalitions are already in place in three of the intervention regions; time which would otherwise be spent on organizational development may be applied directly to planning and implementing effective interventions. Finally, they contain a rich variety of socioeconomic and ethnic groups, many of which are of particular interest as target populations for smoking cessation and prevention activities. Interventions within these sites will not only provide an opportunity to bring much-needed resources to these areas, but will also provide an opportunity to compare the process and results of intervention efforts in these distinct communities.

Detroit

Detroit is Michigan's largest city with a population of approximately one million. The city is located in the southeastern portion of the state and is situated on the Detroit River which connects Lake Erie and Lake St. Clair. Across the Detroit River is the city of Windsor, Ontario, Canada. The Detroit area is the most heavily populated section of the state with approximately 50 percent of Michigan's citizens living in the four-county area surrounding and including Detroit (Macomb, Oakland, Washtenaw, and Wayne counties).

Politically, the city of Detroit is a strongly liberal, Democratic area. Both U.S. representatives are very liberal Democrats and all five of the state senators and all but one of the seventeen state representatives from the area are members of the Democratic party. All of the state senators voted for increases in unemployment benefits and all voted against limiting General Assistance. The state senator representing Northern Detroit is outspoken in the areas of civil rights, organized

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labor, education, and the city of Detroit. One of Detroit's state representatives is chairman of the House Public Health Committee. Another state representative, who has been chosen Speaker Pro Tempore of the House and chairman of the Social Services and Youth Committee, is a strong advocate for the rights of children.

Seventy-two percent of the city's residents are African-American, 25 percent are whites and 3 percent are of other races. The population of Detroit is somewhat younger than other areas, with 32 percent under age twenty as compared to 29 percent for the remainder of the state. The crude infant mortality rate in the city of Detroit in 1988 was 20.9 per 1,000 live births. This rate is much higher than the state rate 11.1 per 1,000 births. The age-adjusted death rate for cancer of the lung and bronchus in the city of Detroit 1986-1988 was 68.5, considerably higher than the state rate of 48.3.

As with the city of Flint, Detroit's economy is highly dependent upon the automobile industry. This city has experienced severe economic depression during the last decade. Detroit's unemployment rate, 10.1 percent, is considerably higher than the State rate of 7.1 percent.[12] In spite of this high unemployment rate among the city's residents, the city of Detroit ranks number one in the State for sales revenues during 1987.[13] With sales of $10.2 billion, Detroit's retail revenues account for 11.9 percent of Michigan's sales.

Blacks and other minorities, and unemployed persons will be two of the groups targeted in the city of Detroit. Also blue collar workers in the automobile industry and less educated persons are important target populations located in Detroit.

Genesee County

Genesee County is located in the eastern portion of lower Michigan, directly north of the Detroit area. Genesee County contains 4.7 percent of Michigan's population (430,749 people), making it the state's fifth largest county. Flint is the principal city in the county with an estimated 1986 population of 145,590.[14]

Genesee County is a strongly liberal area. The U.S. representative is a Democrat. Both of the state senators and all five of the state representatives are liberal Democrats. Both state senators are strong supporters of labor and both are strongly committed to protecting the interests of the unemployed. The state representative from southwestern Flint, who chairs the House Appropriations Subcommittee on Public Health, has also helped to formulate the Governor's Neighborhood Builders Alliance Plan, which he hopes will assist the urban areas of his district.

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There is a large minority population in this county, with blacks comprising 19.2 percent of the county's population. The age distribution for Genesee County is similar to that for the state as a whole. According to 1980 census figures, 67.8 percent of those residents over 25 years of age have twelve years or more education, which is similar to the state rate of 68.0 percent. Residents of Genesee County, however, are less likely to have received a higher education with 10.9 percent having received four or more years of education beyond high school as compared to 14.3 percent for the state as a whole.[15]

The 1988 crude birth rate in Genesee county of 15.6 per 1,000 population is similar to the state rate of 15.1 per 1,000. This area has experienced somewhat higher infant mortality and low weight birth rates than has the remainder of the State. The infant mortality rate for 1988 in the city of Flint was 15.4 per 1,000 births and 12.7 per 1,000 live births in Genesee county.[16] Both numbers are higher than the state rate of 11.1 per 1,000. The rate of low weight births in Genesee county was 82.9 per 1,000 live births which was higher than the state rate of 73.3 per 1,000.[17]

The economy of the greater Flint area is highly dependent upon the manufacture of automobiles and related equipment. Due to the recent decline in U.S. auto production and the relocation of many automobile industry jobs to other parts of the U.S. or foreign countries, the economy of Flint has suffered immensely. The manufacture of automobile and transportation equipment was worth $1.9 billion in 1986, which accounted for 50 percent of wages in Genesee county,[18] a decrease from $2.1 billion in 1984 when 57 percent of Genesee county wages were derived from the manufacture of automobiles and other transportation equipment.[19]

Correspondingly, the unemployment rate in Genesee County for May 1990, 8.2 percent, was higher than the State rate of 7.1 percent.[20] Furthermore, the 1987 per capita income for the county, $14,723, was lower than the state rate of $15,428.[21] As might be expected, given the economic situation, the county's population has decreased (by 4.2 percent) between 1978 and 1988 even though the state's population has remained stable over the last ten years.[22]

In spite of the economic slow-down, the Flint area is still one of the major manufacturing areas in the state. During 1987, the Flint area had $1.18 billion in retail sales which was 1.3 percent of Michigan's total sales revenues.[23] The county as a whole had $1.98 billion in sales placing it fifth among other counties.[24]

Blue collar workers, such as those employed in the automobile industry, blacks and other minorities, and unemployed persons

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will be among those targeted in Genesee County. Also, the higher rate for low weight births in this county suggests that pregnant women may be another important target group, given the relationship between maternal smoking and birth weight.

Upper Peninsula

The Upper Peninsula of Michigan is the most rural, isolated area of the State. Although the U.P. makes up 29 percent of Michigan's land mass,[25] it contains only 3.4 percent of Michigan's population (310,816 people).[26] The largest city in the U.P. is Marquette which had an estimated 1986 population of 21,370.[27]

Politically, the U.P. is somewhat an exception to the tendency for rural areas to elect conservative Republicans. Perhaps because of its history as a formerly important mining area, with much labor organizing activity, it remains a moderately liberal area. Both of the two state senators and all four state representatives for the area are Democrats. The U.S. Representative is a moderately liberal Republican.

One of the major issues among these government leaders is the economic development of the U.P. and protecting the interests of the unemployed and lower income individuals. For example, both Senators have voted to increase unemployment benefits and opposed limits on General Assistance. One of the U.P.'s state representatives, who has been chairman of the House Appropriations Committee since 1975, has successfully managed to bring many state funds and services to the Upper Peninsula.

A second important issue in the Upper Peninsula is the environment. The low population and low level of development in the U.P. has served to preserve much of the natural environment of the area. Thus environmental and conservation issues sometimes clash with economic concerns that may bring additional development or other threats to the environment. In reality, environmental and economic issues are somewhat linked in the U.P., since the natural beauty of the area make it very attractive to tourists who appreciate such surroundings.

The majority of the U.P. population, 96 percent, is white. Less than one percent is black and three percent is Native American or other races. The major Native American tribe living in the U.P. is the Sault Tribe of the Chippewa.

The U.P. population is older than that in the Lower Peninsula with 15.7 percent over age 65 as compared to 11.7 percent for the remainder of the state. Furthermore, although the State's population remained stable between 1978 and 1988, almost all of

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the U.P. counties experienced a population decrease, with an average decrease of 2.9 percent among the fifteen counties.[28]

The educational attainment in the Upper Peninsula is similar to that of the state as a whole, although slightly fewer have obtained college degrees. According to 1980 census information, 67.9 percent of U.P. residents over 25 years of age have received twelve or more years of education, as compared to the state rate of 68.0 percent. Furthermore, 12.3 percent of the U.P. population have obtained four or more years of education beyond high school, as compared to 14.3 percent for the state.[29]

The crude birth rate in the U.P. in 1988 was 11.1 per 1,000 population, lower than the State rate of 15.1 per 1,000. The infant mortality rate in U.P. in 1988 was 8.99 per 1,000 live births.[30] This figure is somewhat lower than the state rate of 11.0 per 1,000. The rate of low weight births in the Upper Peninsula was considerably lower than in the state as a whole, 53.9 vs. 73.3 per 1,000 live births.[31]

This area is in general economic decline, and did not recover from the recession of the early 1980's as well as other parts of the state. During the first quarter of 1990, the U.P. experienced an unemployment rate of 8.2 percent, even higher than the state rate of 7.1 percent (which exceeded the national rate).[32] The 1987 per capita personal income for the Upper Peninsula counties was $11,949, considerably lower than the state per capita income of $15,428.[33]

Native Americans and unemployed persons will be two of the groups targeted for tobacco reduction interventions in the U.P. Furthermore, the higher use of smokeless tobacco among persons living in rural areas and among Native American females[34] makes the Upper Peninsula an ideal area for targeting users of smokeless tobacco.

Kent County

Kent County is located in the western part of the Lower Peninsula, about 30 miles east of Lake Michigan and 60 miles north of the Indiana border. Kent County contains 5.2 percent of Michigan's population (484,626 people), making it the fourth largest county in the state. The major city in Kent County is Grand Rapids with a 1986 population of 186,530.[35]

This area is politically conservative. The U.S. representative is a conservative Republican. Both of the two state senators and four of the five representatives for the area are Republicans. One state senator supports business concerns and opposes government regulation of business. The other senator is very concerned with health issues - health care regulation, cost

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containment, medical waste and handicapper issues. Both senators have voted against an increase in unemployment benefits and voted for limiting General Assistance.

Although the minority population is smaller in Kent county than in many other areas of the state, with blacks comprising 8.1 percent of the county's population the city of Grand Rapids has a significant black population. Residents of Kent county, on the average, have received more years of education than have residents in the U.P. or Genesee County. According to 1980 census figures, 70.9 percent of those over 25 years have obtained twelve or more years of education and 16.3 percent have four or more years of education beyond high school.[36]

The crude birth rate in Kent County in 1988 was 18.7 per 1,000 population, higher than the state rate of 15.1 per 1,000. The 1988 infant mortality rate in Kent County was 9.9 per 1,000 live births and 10.6 per 1,000 in Grand Rapids. Both numbers are lower than the state rate of 11.1 per 1,000.[37] The rate of low weight births in Kent county was 60.9 per 1,000 births, which was lower than the State rate of 73.3 per 1,000.[38]

Kent County is the most prosperous of the intervention regions, and unlike the other areas, is experiencing both population and economic growth. The unemployment rate in the county is quite low with a rate of 5.9 percent for May 1990.[39] The per capita personal income for this county, $15,473, is similar to the state rate of $15,428.[40] Sales revenues in Grand Rapids were relatively high at $3.15 billion during 1987.[41] The county as a whole ranked third in revenues with $8 billion in sales, which was 9.3 percent of the state total 1987 revenue sales.[42] Furthermore, between 1978 and 1988, this county experienced a considerable population increase at a rate of 12.2 percent.[43]

Within Kent County considerable population diversity exists. Two of the important target groups which will be reached are minorities (blacks and Hispanics, living largely in Grand Rapids) and women.

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II. STRUCTURE OF CHANNELS FOR SMOKING PREVENTION AND CONTROL

A. Health Care System

1. Discuss the organization of the health care delivery system (fee-for-service, HMO's, PPO's, public services, etc.) and how it is geographically distributed.

Despite recent fiscal difficulties, hospitals in Michigan continue to play a central role in the health care system. Although inpatient admissions have declined in recent years in Michigan as elsewhere, hospitals' activities are more diverse today than in the past and their role in the community has expanded. In 1988, 204 Michigan hospitals reported about 1.2 million inpatient admissions, 3.2 million emergency visits, and 11.4 million outpatient visits. A total of 177 hospitals throughout the state provide health promotion services, 171 provide respiratory therapy services, 153 have organized outpatient departments, 128 provide occupational therapy services, 58 provide substance abuse services, 42 deliver home health services, and 33 have women's centers.[44]

Health care cost containment continues to generate much discussion in the health care industry and among persons touched by the need for affordable health care. Despite cost containment efforts aimed at reducing hospital costs, hospital care continues to be responsible for nearly half of all health care expenditures in Michigan. The cost of Michigan hospital services in 1987 was $8.13 billion, representing 46 percent of all health care costs.[45]

The second largest component of health care expenditures is physician services. In 1987, physician services in Michigan cost $3.83 billion or 22 percent of the total health care bill.[46] The structure of delivery of physician services is changing rapidly in Michigan, as elsewhere. According to a Health Insurance Association of America survey, the proportion of insured individuals in traditional fee-for-service plans dropped from 96 percent to 28 percent between 1984 and 1988. Forty-three percent of covered persons were in managed fee-for-service plans.[47]

There are 21,015 physicians in Michigan, 85.6 percent of whom are allopathic physicians (M.D.'s). Approximately 25 percent of physicians in Michigan specialize in internal medicine, 12 percent are in family or general practice, six percent are in obstetrics and gynecology, six percent specialize in pediatrics and the remaining 51 percent are in all other specialties. The largest concentration of physicians (21.7 percent) is in Wayne County which contains Detroit.

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In Michigan as elsewhere in the country, third party payers dominate the health care scene. Seventy-nine percent of Michigan residents were covered by private insurance in 1986, 12.4 percent by Medicaid, and 12.1 percent by Medicare. The proportion of the Michigan population without health insurance coverage was 10.3 percent, a substantial figure but nevertheless below the national level of 15.6 percent in 1987. An increasing proportion of the total health care bill is being paid by individuals. Cost containment programs of third party payers have resulted in a cost shift to individuals rather than in an overall reduction in the expenditure of the nation's income on health care.[48]

Health Maintenance Organizations (HMO's)

HMO's have expended rapidly in Michigan as elsewhere. HMO's offer comprehensive prevention and treatment services for a fixed periodic payment.[49] In Michigan, HMO's must be licensed by the state. Currently, 18 licensed HMO's operate 32 facilities throughout the Lower Peninsula of Michigan.[50] There are no licensed HMO's in the Upper Peninsula.

HMO's are a medium and large city phenomenon in Michigan. HMO's are active in all of the intensive intervention regions except in the U.P. There are five HMO's in Detroit; four in Grand Rapids; and two in Flint. Eighteen percent of all insured persons in Michigan are members of an HMO.[51]

Preferred Provider Organizations (PPO's)

A PPO is an arrangement whereby a third-party payer contracts with a group of health providers who provide services at lower than usual fees. In return for providing services for lower fees, the third-party payer provides prompt payment for services rendered and guarantees a certain volume of patients.[52]

Most PPO's in Michigan are not regulated. The only exception to this are those PPO's organized by an insurance company such as Blue Cross/Blue Shield-Michigan. Because many PPO's are not regulated, documentation regarding the number of PPO's in Michigan does not exist; however, it is estimated that 11 percent of insured persons in Michigan are members of a PPO.[53]

Public Health Care Services

Public health care services are provided through a number of organizations. Twenty-six local health departments offer adult clinics and/or health screening clinics. This is true in each of the intensive intervention regions.

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Services for both prenatal and postnatal care are offered by 51 agencies and at 86 clinics throughout Michigan, in addition to those provided by private physicians, HMO's, etc. Several methods have been developed to bring pregnant women into early prenatal care, including establishing a prenatal "hotline" and developing a prenatal media campaign. Paraprofessional outreach/advocacy programs have been established in 14 counties (including all of the intensive intervention regions) and provide health services throughout pregnancy. Another program, the Maternal Support Service program, has been developed to serve low income, high risk pregnant women and is offered at 76 locations statewide.

Community and Migrant Health Centers are public service health agencies providing primary health care to people in urban, rural, and underserved areas in Michigan. These non-profit health clinics, located in 36 of Michigan's 83 counties, provide services to more than 190,000 Michigan residents, migrant and seasonal farm workers, and generate over 800,000 patient visits yearly.

For further information, see Table II.A.4a., Number of Physicians, Nurses, Pharmacists, & Nurse Practitioners by County and Specialty (Appendix A), and Table II.A.4b., Providers by Continuing Professional Education (Appendix B).

2. **Discuss the organization of health care providers (medical, dental, and nursing societies, other professional organizations).**

Michigan State Medical Society

The Michigan State Medical Society (MSMS) represents 11,260 physician members, 75.6 percent of whom are in active practice. MSMS, along with its 58 component medical societies, is the primary professional organization for 47.4 percent of M.D.'s in active practice. Statewide, 16.6 percent of MSMS members are in internal medicine, 14.3 percent are in family or general practice, 8.3 percent are in obstetrics and gynecology and 5.9 percent are in pediatrics.[54] MSMS is responsible for accrediting continuing education programs at 75 institutions in Michigan.

MSMS recently commissioned a report "Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs." As a result of the report, physicians are advised that they "will have to spend more time discussing with patients how to avoid or overcome high-risk behaviors, such as smoking, overeating, fatty foods, and a sedentary life-style....The diseases most responsible for killing us--heart disease, trauma, and cancer--are largely preventable, or at least can be reduced. If we are

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

to commit ourselves to paying for what works, then we should pay for prevention and health promotion."[55]

Michigan Association of Osteopathic Physicians and Surgeons

The Michigan Association of Osteopathic Physicians and Surgeons (MAOPS) represent 2,264 osteopathic physicians (D.O.) or 74.5 percent of Michigan's D.O.'s. There are also 20 county or regional associations for D.O.'s

MAOPS is dedicated to providing optimum health services to the citizens of Michigan.[56] With this goal in mind, MAOPS provides continuing educational programs at its annual conference and plans to begin offering continuing education programs at regional conferences throughout the state. The nine major D.O. teaching hospitals located in Michigan also provide continuing education.

Michigan Nurses Association

The Michigan Nurses Association (MNA) is the primary professional organization for approximately 7,850 nurses or 6.8 percent of 82,301 registered and 33,426 licensed practical nurses. Nurses can also be members of district chapters of MNA. There are 242 MNA members in the Kent district, 117 in the Flint chapter, 760 in Detroit, and 829 in the six districts comprising the Upper Peninsula of Michigan.

Although not required by Michigan law, some hospitals strongly recommend that the nursing staff attend continuing education classes. Continuing education classes are offered at all four-year and community colleges in Michigan. Additionally, 31 other institutions have been approved by MNA as providers of continuing education.

MNA also fulfills another role for nurses. MNA is the collective bargaining unit at 49 facilities statewide. In this capacity, MNA represents 5,550 nurses, some of whom may not necessarily be members of MNA.

Michigan State Pharmaceutical Association

There are 7,026 pharmacists employed throughout the state of Michigan. The Michigan State Pharmaceutical Association (MSPA), consisting of 2,988 members or 42.5 percent of all pharmacists, is the principal professional organization for pharmacists. There are also 26 component organizations located throughout the state.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

By Michigan law, pharmacists are required to obtain 30 hours of continuing education during a two year period. The MSPA is concerned with continuing education and provides continuing education programs to pharmacists. Other approved providers of continuing education include Ferris State University, the University of Michigan, and Wayne State University. Some pharmaceutical companies are also approved providers of continuing education.

Michigan Academy of Physician Assistants

There are 574 licensed physician assistants (PA) in Michigan, 300 of whom are members of the Michigan Academy of Physician Assistants. PA's perform physicals, take medical histories, perform minor surgery and can prescribe medications. A PA can perform any activity which is within the purview of the physician.

By Michigan law, physician assistants do not have to attend continuing education courses. However, PA's who so desire can receive continuing education by attending any course approved for physicians. PA's may also attend continuing education courses offered at the national or state Academy of Physician Assistants conference.

Michigan Dental Association

Michigan has 6,301 dentists located throughout the state. Not unexpectedly, the largest concentration of dentists is in Wayne county with 1,276 dentists. There are 340 dentists practicing in Kent county, 268 are practicing in Genesee County and 187 are employed in the U.P. The average ratio of persons per dentist is 1,369.[57]

Currently, Michigan dentists are facing the possibility of mandatory continuing education as a condition of licensing. If approved by the legislature, Michigan dentists would be required to complete 60 hours of continuing education every three years.[58] The Michigan Dental Association (MDA) has been concerned with providing continuing education to its 3,675 active members (58.3 percent of Michigan dentists) so as to help improve the health of the public and advance knowledge in the art and science of dentistry.[59] Dentists in Michigan have the choice of attending continuing education classes sponsored by the University of Detroit, the University of Michigan, the MDA or a component society of the MDA in one of 23 districts.[60]

While MDA has not taken a formal position on tobacco use, it is especially concerned with the use of smokeless tobacco products. MDA is currently reviewing its policy on tobacco use.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

3. Discuss the roles of health care-related unions.

Service Employees International Union

The Service Employees International Union (SEIU) Local 79 represents 17,000 health care workers employed in Michigan nursing homes and hospitals. SEIU members include 3,000 nurses and 14,000 nurses aides, service and maintenance employees, record clerks, and other employees. The vast majority of SEIU members are in the Detroit area but the union also has members in Flint and the U.P.

SEIU has been active in providing AIDS education to its members and has applied for MDPH grants. SEIU has also developed a curriculum on stress reduction. The union has not provided education on reducing the health risks associated with tobacco use but has expressed interest in finding out about ASSIST project activities.[61]

American Federation of State, County and Municipal Employees

The American Federation of State, County and Municipal Employees (AFSCME) has 60,000 members in Michigan. AFSCME represents persons in a variety of employment positions and in many different types of jobs. However, the union primarily represents public employees, including employees at the State of Michigan. Similar to other unions, AFSCME is concerned with both the economic and the physical well-being of its members.

Michigan Nurses Association

See statement in section II.A.2 regarding union activities of the Michigan Nurses Association.

B. Worksites

1. Discuss the recent and current economic climate.

Historically, Michigan has been a highly industrialized state and the center of the automobile industry. Heavily dependent on a single, durable goods industry, Michigan has been particularly vulnerable to recessions and depressions, and has been more adversely affected by them than has been the case for the country as a whole. Michigan was especially hard hit by the general crisis in manufacturing industries that began in the 1970s. By 1980, the bottom dropped out of the Michigan economy. The state led the country in unemployment with the rate averaging 15 percent in the 1979-1982 recession.[62]

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

During the 1980s, Michigan's economy became more diversified. The number of manufacturing jobs has stagnated but the development of new jobs in the service and trade sectors has been significant. Whereas the number of manufacturing jobs were equal to the combined number of jobs in trade and services in 1970, today the number of jobs in each of these three sectors in Michigan's economy are about the same.[63]

The shift in Michigan's economy has made it less susceptible to the national ups and downs of the business cycle but it has also brought a reduction in wage and benefit levels. In 1963, Michigan's per capita income was 6 percent higher than the national average but in 1986 it was 1 percent below the comparable national figure.[64]

Michigan's employment in 1989 was approximately 4,333,000.[65] This was up from an employment level of 3,076,436 in 1986.[66] In 1989, 330,000 persons, or 7.1 percent of the civilian work force, were unemployed[67] compared to a civilian labor force unemployment rate of 8.8 percent (385,000 people) in 1986.[68] Despite economic improvements since the early 1980s, Michigan continues to have the highest unemployment rate of the eleven largest states in the country. Michigan's first quarter 1990 unemployment rate was 32 percent higher than for the nation as a whole.[69]

2. **Discuss the geographic distribution of Michigan's working population throughout the site by occupational status.**

During 1986, there were 193,947 businesses employing 3,100,655 persons in Michigan. The greatest number of Michigan businesses were in the service sector (63,439), followed by those involved in retailing (50,802), and manufacturing (15,443). Given Michigan's historic position as a manufacturing center, it is not surprising that the manufacturing sector employed the greatest number of persons in 1986 (995,798). Businesses engaged in providing services employed 803,925 persons and 649,154 persons were engaged in retailing.[70]

For further information, see the following: Table II.B.5.a.1, Worksite Distribution by SIC Codes and County (Appendix C); Table II.B.5.a.2, Worksite Distribution by SIC Codes and Number of Employees (Appendix D); and Table II.B.5.b., Labor Force and Employment Status (Appendix E).

Wayne County

Wayne County, in which the city of Detroit is located, is the largest labor market in the state. In 1986, approximately 722,000 people or 23.5 percent of all persons in the Michigan work force were employed in Wayne County. That year, the largest

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number of Wayne County businesses were in the retail sector (9,865 or 29.6 percent of all businesses) followed by those in the general service sector (24.4 percent), the health and social service sector (11.7 percent) and the manufacturing sector (8.6 percent). Manufacturing, however, represented the largest employment sector accounting for 31.6 percent of all Wayne county jobs.[71] During 1986, Wayne County experienced an 8.9 percent rate of unemployment in the civilian labor force.[72]

Despite its dramatic economic decline during the past two decades, the city of Detroit is the largest labor market in Wayne County and in Michigan. During 1989, 423,375 persons or 9.8 percent of Michigan's civilian labor force was employed in Detroit.[73] This, however, represents an 8.3 percent decline in employment from 1986.[74] Indicative of Detroit's problems during 1989 was an unemployment rate of 10.7 percent, a figure 50 percent higher than the state unemployment rate of 7.1 percent.[75] From 1977 until 1982, Detroit experienced a 31.1 percent decline in manufacturing jobs and a 21.9 percent decline in jobs in the retail sector.[76]

Kent County

Kent County, in the western part of the state, is Michigan's largest labor market outside of the Detroit metropolitan area. This is primarily because Grand Rapids, the second largest city in the state, is located in Kent County. In 1989, an estimated 257,825 persons were employed in Kent County.[77] This represents an increase of 14.7 percent over the total Kent County employment in 1986[78]. During 1986, Kent County had a 7.7 percent rate of unemployment in the civilian labor force.[79] In 1989, the unemployment rate for Kent County was 5.4 percent. This rate of unemployment was lower than in most other areas of the state.[80]

Similar to Wayne County, the largest number of Kent County businesses are in the retail sector (2,666 or 23.6 percent of all businesses), followed by businesses in the general service sector (23.3 percent), the wholesale sector (10.4 percent), and the health and social service sector (10.3 percent). Manufacturing, Kent County's largest employment sector, employed 72,674 persons or 32.3 percent of all persons in the Kent County work force in 1986. Approximately 19.5 percent of the work force was employed in the retail sector and 15.5 percent was employed in the general service sector.[81]

Genesee County

The Flint Metropolitan Statistical Area is located in Genesee County. Like Detroit, Flint and Genesee County have undergone a significant economic decline as a result of the loss of manufacturing jobs. Similar to both Wayne and Kent County, the

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greatest number of businesses are in the retail sector (2,445 or 33.1 percent of all businesses), followed by those in the general service sector (24.7 percent), and health and social services sector (13.3 percent). During 1986, an overwhelming number of persons (63,630 or 41.7 percent of the total work force) were employed in manufacturing, and 32,455 (21.3 percent of the work force) were employed in the retail sector.

Approximately 152,500 people or about 5 percent of all Michigan workers were employed in Genesee County during 1986.[82] During this same period, the county experienced a 10.6 percent rate of unemployment in the civilian labor force.[83] In 1989, approximately 170,800 people were employed in Genesee County[84]; this represents a 12 percent increase in employment over 1986.[85] Unfortunately, unemployment in Genesee County remained at 10.4 percent, while the city of Flint's unemployment rate was 13.9 percent.[86]

Upper Peninsula

Historically, Michigan's Upper Peninsula, composed of 15 sparsely populated counties, has been an economically depressed area. During 1986, 66,659 people were employed at a total of 7,156 businesses in the U.P. Not unexpectedly, the largest number of businesses were engaged in retailing (2,300 businesses or 32.1 percent of all businesses), followed by businesses in the general service sector (23.3 percent of businesses). The low paying retail sector was also the greatest source of employment in the U.P. with 18,333 persons or 27.5 percent of the work force employed in retail establishments. During 1986, manufacturing was the second largest source of employment (20.2 percent of work force).[87]

During 1986, the U.P. experienced a 13.3 percent rate of unemployment.[88] Recently, the employment situation improved somewhat. In 1989, 126,550 people were employed in the U.P. while 11,325 persons or 8.2 percent of the workforce were unemployed.[89]

Business Size

Within Michigan, 85.8 percent of businesses employ fewer than 20 people and 94.8 percent employ fewer than 50 people. As previously mentioned, the retail sector accounts for the greatest number of businesses; however, the greatest number of workers are employed in manufacturing. Most of the 50,802 businesses in the retail sector employ less than 100 people (98.7 percent of all retail businesses). Manufacturing accounts for 36.9 percent of all businesses employing more than 100 people. Manufacturing also accounts for 49.6 percent of businesses with more than 500

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

employees, and 58.9 percent of all businesses employing more than 1,000 people.[90]

With such heavy dependence on manufacturing as an employment base, it is easy to see that any downturn in orders for manufactured goods can have dramatic impact on Michigan's economy. Given the observed association between economic distress and smoking prevalence, Michigan is a logical target for national efforts to reduce the incidence of tobacco use. Three of the four ASSIST intensive intervention regions have experienced more severe economic distress than has the state in general.

3. **Discuss the networks linking businesses to one another (Chamber of Commerce, Rotary, trade and professional organizations).**

Chamber of Commerce

Many Michigan communities have active and vital business organizations. At the state level, the Michigan State Chamber of Commerce, composed of 7,000 members, represents the interests of business in legislative, political, regulatory and legal issues of importance to Michigan's economic climate.[91]

There are approximately 85 local Chambers of Commerce, each of which is an autonomous unit organized to promote the interests of local businesspersons. The Detroit Chamber of Commerce is the largest local Chamber with 6,000 members. The Flint Chamber of Commerce (1,400 members), Grand Rapids Chamber of Commerce (2,900 members in Kent County and part of neighboring Ottawa County), and the Chambers in the U.P. are all concerned with improving their local business climates. Each Chamber is involved in a variety of activities, such as promoting small business interests, encouraging greater involvement of women in the business community, and strengthening linkages between business and the educational community.

Rotary International

Rotary International is a service organization of business and professional executives. The activities of Rotary include advancing the betterment of the general community, promoting "high ethical standards in business and professions, and advancement of international understanding, goodwill, and peace."[92]

Rotary International in Michigan is organized into seven regions; two regions include some clubs from Canada, and one region includes clubs in Wisconsin. The 315 Rotary clubs in Michigan

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are composed of about 17,000 members. Most of the clubs have a membership of 40 to 60 members. They are located throughout the state.

Trade and Professional Organizations

There are numerous trade and professional organizations in Michigan. These organizations offer access not only to their memberships, consisting of prominent business and community leaders, but they also provide entree to larger community networks in which the memberships interact. Among the larger trade and professional associations represented in Michigan are the Michigan Manufacturers Association (3,500 firms comprised of 1,000,000 workers); Michigan Retailers Association (3,000 members); the Small Business Association of Michigan (2,700 members); the Michigan Association of Home Builders (4,500 members); and the Michigan Society of Professional Engineers (2,500 members). These organizations represent the interests of the members in local and state legislative affairs.

Other organizations limit activities to a specific region (for example, the Builders Association of Southeast Michigan, 900 members) or to a community within the state. One extremely influential organization is the Economic Club of Detroit (3,750 members). This organization is involved with promoting an interest in and enlightening its membership on important governmental, economic and social issues.[93] Although smaller in size, other organizations in Detroit are involved in activities similar to the Economic Club of Detroit. These organizations include the Women's Economic Club in Detroit (1,300 members); the Booker T. Washington Business Association (210 members); the Central Business District Association of Detroit (280 members); the Detroit Economic Growth Corporation (110 members); and the Greater Detroit Alliance of Businesses (33 members). Organizations unique to Kent County include the Economic Club of Grand Rapids (475 members); and the Manufacturers and Employers Association of Western Michigan (175 members). All of these organizations represent the economic and social concerns of their membership.

4. **Discuss the influence and structure of unions.**

Historically, unions have played an important role in the development of the Michigan work environment. For many people, Michigan is synonymous with unions. As elsewhere, Michigan unions represent the interests of workers engaged in diverse employment endeavors. Unions are concerned not only with the economic well-being of union members but are also very concerned with members' physical welfare.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

The largest union in Michigan is the United Auto Workers of America (UAW) with 345,500 active and 137,500 retired members. This union was born in Flint (Genesee County) during the 1930s. In an attempt to provide for the physical well-being of its members, the UAW was recently involved with implementing and operating three worksite wellness programs to control and diminish the leading preventable diseases in Michigan, including tobacco-related illness. The UAW, in cooperation with management, selected sites for implementation of these programs. The goal was to identify and disseminate information regarding factors which improve participation rates for worksite wellness programs.[84] Another UAW/MDPH preventive health care project involved screening diabetic union members for early treatable eye disease.

The Michigan Education Association (MEA) is another powerful union in Michigan, representing teachers and other school personnel. The MEA is concerned with improving education in Michigan, advancing the interests of teachers, and promoting the professional growth and the economic advancement of its 88,500 members. Other teachers unions are discussed in section C.2.

The International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America (i.e., Teamsters Union) represents 75,000 persons employed in such diverse fields as clerical staff in an office, warehouse workers, and appliance technicians. In the past, the Teamsters focused primarily on job safety, being less concerned about the general health of its membership. However, the Teamsters are beginning to have increased interest in members' health and are beginning to sponsor health-related activities such as health fairs. The union is also interested in worksite wellness programs.

The American Federation of Labor-Congress of Industrial Organizations Union (AFL-CIO) is the largest union organization in the United States. This union represents the interests of various unions in Michigan, and other directly affiliated local unions.

The unions discussed represent a few of the dozens of unions that are active in Michigan. Unions are primarily concerned with securing the best possible wage and benefit package for the membership. In recent years, however, union representatives have become increasingly interested in the health concerns of the membership. It is therefore not surprising that the UAW became involved in worksite wellness programs and that other unions are beginning to explore ways of improving the health of Michigan workers.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

C. Schools

1. **Discuss the organization of private and public education (public and private elementary and secondary schools, trade schools, junior colleges, colleges, universities, etc.).**

Michigan has an extensive public school education system comprised of 562 local school districts and 57 Intermediate School Districts. In 1987, 1,575,037 students in kindergarten (K) through 12th grade (12) and special education attended these schools. Another 1.5 million Michigan adults attended adult education classes offered through the public school system. To serve the needs of these students, a total of 165,000 people were employed in the public school system in 1987. In the public school system there are 2,046 elementary schools, 181 junior high schools, 473 senior high schools, 370 middle schools, 163 7-12 grade schools, and 32 K-12 grade schools for a total of 3,265 K-12th grade schools in Michigan.

Additionally, Michigan has an extensive non-public school system. In 1987, non-public school enrollment consisted of 185,641 students in kindergarten through 12th grade, special education, and part-time and ungraded programs. The non-public school system in Michigan consists of 795 elementary schools, five junior high schools, 73 senior high schools, five middle schools, 11 7-12th grade schools, and 231 K-12th grade schools for a total of 1,120 schools.

Both public and non-public schools are found in all intervention regions. The 365 public and non-public schools in Detroit comprise one of Michigan's largest school districts. In Detroit there are 166 public elementary schools, 24 senior high schools, 58 middle schools, one 7-12th grade school, and two K-12th grade schools. The non-public school system in Detroit consists of 96 elementary schools, eight senior high schools, one middle school, one 7-12th grade school, and eight K-12th grade schools.

The schools in Kent County consist of 177 public and 70 non-public institutions. Within Kent county there are 121 public elementary schools, seven junior high schools, 27 senior high schools, 17 middle schools, and five 7-12th grade schools. An extensive non-public school system also exists with 42 elementary schools, one junior high school, six senior high schools, two 7-12th grade schools, and 19 K-12th grade schools.

The Genesee County school districts includes 147 public and 39 non-public schools. There are 96 public elementary schools, four junior high schools, 24 senior high schools, 20 middle schools, and three 7-12th grade schools in Genesee County. Among the non-public schools in Genesee County there are 27 elementary schools, two senior high schools, and 10 K-12th grade schools.

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Within the 15 counties of Michigan's Upper Peninsula, there are 108 public elementary schools, seven junior high schools, 20 senior high schools, 10 middle schools, 22 7-12th grade schools, and 14 K-12th grade public schools. There are also 20 non-public elementary and seven non-public K-12th grade schools in the U.P.

Michigan boasts one of the larger higher education systems in the nation. Within Michigan there are 15 four-year and 29 two-year public colleges or universities; 54 independent four-year institutions; three independent two-year colleges; and 295 vocational-technical and proprietary schools (i.e., income tax preparation, cosmetology, etc.). In total, approximately 750,000 students attended these schools during 1987.

Complete and detailed information on the number of schools by type and district is on file with the Michigan Department of Public Health. Because this information for elementary, intermediate, and secondary schools covers 35 pages, only a sample page has been included as Table II.C.3.a., on the next page. The full table is available upon request. Information on postsecondary schools, vocational/trade schools, community and junior colleges, and colleges and universities is included as Table II.C.3.b.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

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TABLE II.C.3.b.

Number of Postsecondary Schools, Vocational/Trade School, Community or Junior Colleges, and Colleges/Universities by County

County	Post Secondary Vocational/Trade	Community or Junior College	College/ University
ALCONA			
ALGER			
ALLEGAN	2		
ALPENA		1	
ANTRIM	1		
ARENAC			
BARAGA			
BARRY			
BAY	2	1	1
BENZIE			
BERRIEN	3	1	1
BRANCH	2		
CALHOUN	3	1	1
CASS	1	1	
CHARLEVOIX		1	
CHEBOYGAN	1		
CHIPPEWA			1
CLARE	1	1	
CLINTON	2		
CRAWFORD			
DELTA	1	1	
DICKINSON	1		
EATON	1		1
EMMET	1		
GENESEE	14	1	5
GLADWIN			
GOGEBIC	1	1	
GRAND TRAVERSE	2	1	
GRATIOT	3		1
HILLSDALE			1
HOUGHTON	1		2
HURON	1		
INGHAM	13	2	3
IONIA	1		
IOSCO	1		
IRON			
ISABELLA	1		1
JACKSON	4	1	1
KALAMAZOO	4	2	3
KALKASKA			

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

TABLE II.C.3.b., Continued

Number of Postsecondary Schools, Vocational/Trade Schools, Community or Junior Colleges, and Colleges/Universities by County

County	Post Secondary Vocational/Trade	Community or Junior College	College/ University
KENT	15	2	8
KEWEENAW			
LAKE			
LAPEER	2		
LEELANAU			
LENAWEE	2		2
LIVINGSTON	1		
LUCE			
MACKINAC			
MACOMB	34	1	1
MANISTEE			
MARQUETTE	1		1
MASON	1	1	
MECOSTA	1		1
MENOMINEE			
MIDLAND	1		1
MONROE	2	1	
MONTCALM	1	1	
MONTMORENCY			
MUSKEGON	3	1	1
NEWAGO	1		
OAKLAND	68	1	9
OCEANA			
OGEMAW			
ONTONAGON			
OSCEOLA			
OSCODA			
OTSEGO			
OTTAWA	2		3
PRESQUE ISLE			
ROSCOMMON	1	1	
SAGINAW	5		2
SANILAC	1		
SCHOOLCRAFT			
SHIAWASSEE	2		
ST. CLAIR	2	1	
ST. JOSEPH		1	
TUSCOLA	1		
VAN BUREN	1		
WASHTENAW	7	1	5

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

TABLE II.C.3.b., Continued

Number of Postsecondary Schools, Vocational/Trade Schools, Community or Junior Colleges, and Colleges/Universities by County

County	Post Secondary Vocational/Trade	Community or Junior College	College/ University
WAYNE	71	4	13
WEXFORD	1		
TOTAL	295	32	69

2.Describe the organizations and unions associated with schools (PTA's, teacher and staff unions).

The organizations and unions associated with Michigan schools present opportunities for reaching large numbers of persons and potentially influencing their tobacco use. An important voluntary organization is the Michigan Association of School Boards. This organization, to which most K-12 school boards and independent school districts belong, includes approximately 4,000 members. This organization can be influential in the establishment of tobacco use policies within the individual school districts and, according to an organization official, "urges school boards to adopt policies prohibiting the use of tobacco in school facilities in order to contribute to the health and well-being of all students, employees, and other persons using school facilities."

A number of umbrella organizations which have the potential for influencing tobacco use at non-public schools and post-secondary institutions exist. Organizations such as the Michigan Association of Non-Public Schools, Michigan Organization of Private Vocational Schools, the Association of Independent Colleges and Universities in Michigan, and the Great Lakes College Association can exert influence on the schools in the development of a tobacco use policy.

Parent organizations for both public and private K-12 schools include the Michigan Congress of Parents, Teachers and Students (PTA), and Independent Parent and Teachers Organizations (PTO). The PTA membership includes approximately 55,000 people in 653 local organizations. Michigan PTA has adopted the position set forth by the National PTA. That is, the Michigan PTA "is

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

committed to making every possible effort to cooperate in the education of children and youth regarding the hazards of tobacco." The Michigan PTA is opposed to "tobacco subsidies, urges the banning of cigarette machines from the premises of schools, and encourages the enforcement of nonsmokers' rights."[95]

Teachers and other school employees are represented by a number of unions and organizations. The largest of these groups include the Michigan Education Association (approximately 88,500 school employees), the Michigan Federation of Teachers (22,000 teachers state-wide), and the Detroit Federation of Teachers (11,000 K - 12 teachers in the greater Detroit area). Administrators within the school system are represented by organizations such as Michigan Association of Secondary School Principals (1,800 members), Michigan Association of School Administrators (850 members), the Michigan Elementary and Middle School Principals Association, and the Michigan School Business Officials (800 to 900 members).

Several other unions represent school employees. The Teamsters represents approximately 3,000 school bus drivers, secretaries, custodians, grounds keepers, mechanics, maintenance workers and electricians throughout the state. School employees are also represented by the AFL-CIO, the Michigan Council of the American Federation of School Administrators Locals, the UAW, Stationary Engineers (a sister union of Operating Engineers), and a host of independent unions such as the Clerical-Technical Union of Michigan State University. These unions do not have tobacco use policies. Rather, the unions negotiate with employers and union members abide by the tobacco use policy set by school districts, colleges and universities.

Employees on some college campuses are represented by the Michigan Conference of the American Association of University Professors (AAUP). This organization has representation in approximately 85 percent of the public institutions and is beginning to organize on independent college campuses. While the organization does not have a tobacco use policy, it supports legislation to increase the tax on tobacco and recommends use of the increased tax funds for schools.

School employees also belong to various professional organizations. The Michigan Association of Middle School Educators has 800 members and representation in most public and non-public schools but does not have a policy statement on tobacco use. The Michigan High School Athletic Association, composed of 600 school administrators and superintendents, and the Michigan High School Coaches Association (5,200 members) do not have a tobacco use policy but both adhere to the tobacco policy set by the individual school districts. The Michigan School Health Association with 250 members has a proposed resolution to restrict the distribution and promotion of tobacco

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products. These and other professional organizations offer great opportunity to influence tobacco use among school employees and students.

Student organizations present great opportunities for influencing tobacco use of students. Organizations such as the Michigan Association of Future Homemakers of America (2,000 student members in 6th through 12th grade state-wide) may not have a set policy regarding tobacco use but may attempt to discourage tobacco among members. Other organizations such as the Michigan Occupational Education Association, a professional association of 2,100 vocational-technical students and educators in middle schools through community colleges state-wide, and the Vocational Industrial Clubs of America, an organization of 4,000 high school, post-secondary, junior and community college students and educators, offer tremendous opportunity to influence tobacco use among their memberships.

Pan Hellenic organizations on the various college and university campuses throughout the state also have the potential to influence tobacco use among fraternity and sorority members.

D. Community Networks

Identify the major community networks in which smokers are significantly represented as members and/or constituencies.

Youth

There are several service and civic organizations in Michigan that target youth. Some nationally-known organizations present in the intervention regions are the Girl Scouts, Boy Scouts, Jaycees, 4-H Youth Programs, and Big Brothers-Big Sisters.

The purpose of the Girl Scout Council is to contribute to the physical, mental, emotional, social, cultural, and leadership development of all girls through informal educational, recreational and community service programs and activities. Numerous Girl Scout groups are present in each of the four intervention regions. The Girl Scout Council of Metropolitan Detroit is engaged in activities such as literacy programs and classes in human sexually/pregnancy prevention. They are also developing scout troops for special groups such as girls from housing projects and immigrants from the Middle East. The coordinator of the Upper Peninsula Girl Scouts is an active member of the anti-tobacco coalition in the U.P.'s Marquette County. Similarly, the coordinator of the Girl Scouts Fair Wind Council of Flint is an active member of Genesee County's tobacco control coalition.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

The Boy Scouts of America are organized to provide educational programs for character development, citizenship training, and mental and physical fitness of boys and young adults. Programs are offered through community-based religious, civic and educational groups. Numerous Boy Scout groups are present in each of the intervention regions.

The Michigan Jaycees have 10,000 members state-wide. The purpose of this organization is to teach young people leadership training through community service and development. Courses are given on individual development. Several chapters of the Jaycees are located in each of the intervention regions.

The 4-H Youth Program has offices in each county of the state, with a central office in Lansing. The purpose of this organization is to assist youth ages 9 to 19 to acquire knowledge, attitudes and skills to become productive members of society. The 4-H located in Kent County has been very active and highly committed to that county's anti-tobacco coalition.

Big Brothers-Big Sisters, with headquarters in the Detroit area, has as its purpose to strengthen single-parent families and to help children from such families achieve self-sufficiency through professional and volunteer services. There are Big Brothers-Big Sisters chapters throughout the state.

There are also several youth-serving organizations that are unique to Michigan. The Metropolitan Detroit Youth Foundation provides job training, basic skills tutoring, and SAT tutoring to youth in the area. This foundation also has a high school dropout prevention program and career development training. The foundation has 2,000 members.

The Michigan Youth Club of Grand Rapids (Kent County) works to improve environments and living standards of underprivileged youth through recreation, outdoor activities, and trips. It also provides job training for those over 14 years old, as well as personal and job counseling. The Youth Club reaches approximately 250 youth per year.

Also located in Grand Rapids is the Council of Neighborhood Organizations. This is a grassroots, county-wide network that is concerned with the health and welfare of youth, including in the area of tobacco use. This group provides support to the Kent County anti-tobacco coalition.

The Eastside Teen Center in Flint (Genesee County) provides activities for area teens in order to improve their social and emotional environment. The goal of this group is to encourage teens to improve their own lives as well as the community. This groups is an active member of the Genesee County tobacco control coalition.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Ethnic Minorities

There are numerous civic and service groups in Michigan that have minority memberships. Many of these organizations are located in Detroit and Genesee County, which have large minority populations.

The Michigan Chapter of the National Association for the Advancement of Colored People (NAACP) has its headquarters in Detroit. It has 32 branches state-wide and approximately 50,000 members throughout the Michigan. The purpose of this organization is to promote equal rights for blacks and other minority groups and to remove racial discrimination in housing, employment, voting, schools, the courts, transportation, recreation, prison, and business enterprises. The organization has prison programs and programs for youth. There is a branch of the NAACP organization in Genesee County.

The Arab Community Center for Economic and Social Services (ACCESS) located in the Detroit area has 800 members. The purpose of this organization is to provide social, recreational, and health services for Arab-speaking people and other minorities in the metropolitan Detroit area.

The Detroit Association of Black Organizations (DABO) has 168 members. This organization was formed to advance the cultural, economic, political and social interest of the black community.

In the Upper Peninsula, the Sault Ste. Marie Tribe of Chippewa Indians, located in Sault Ste. Marie, is organized to promote health and welfare of individual tribal members. This group has been actively involved in many community projects such as an outreach network to serve tribal members who have diabetes. The Tribe has 5,858 members.

Several studies have demonstrated the importance of religious organizations in delivering health care services and information to black and other minority communities.[96] Churches would be an especially important network in the city of Detroit and Genesee County, which have large minority populations. In Genesee county, Church Women United of Flint and the First Presbyterian Church of Flint have been active on the Genesee County's anti-tobacco coalition.

A few of the churches and church-related organizations in the Detroit area are the Council of Baptist Pastors of Detroit and Vicinity, and the Michigan Ecumenical Forum, which are both represented on the state-wide tobacco control coalition. Also, the Connectional Lay Organization of African Methodist Episcopal Church, in Detroit, is very active in organizing and training lay members, supporting church programs, and planning annual conferences.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Women

There are several nationally-known service organizations in Michigan that serve women. Some examples are: the Young Women's Christian Association (YWCA), the Junior League, the National Organization for Women (NOW), Planned Parenthood, Right to Life, and Links, Inc.

The YWCA has main offices in the Detroit area, Flint, Grand Rapids and Marquette. The purpose of this organization is to improve the lives and quality of life of women and girls through program, service, eduction, and advocacy that focus on the needs and concerns of women. The Kent County YWCA is a member of that county's tobacco control coalition.

The Junior League of Michigan has as its members women between the ages of 18 and 45 who work as leaders and trained volunteers. Their objectives are to promote volunteerism and to improve the community through effective leadership and action. There are nine Junior Leagues in Michigan with one in each of the four intervention regions. The Junior League of Detroit has neighborhood alcohol and drug education programs, a youth initiative program, and an after school, innercity enrichment program. All of the Junior Leagues are in the process of developing a photo essay book to highlight the problems of women and children in Michigan.

The Michigan Conference of NOW is located in Lansing and has 7,000 members statewide organized into 34 local chapters. There are chapters in each of the intervention regions, with three in the Upper Peninsula. The purpose of this organization is to gain equality for all women. Issues highlighted during the current year were pay equity, women's health issues, equal education opportunities, and the environment. Michigan NOW is the co-sponsor of Women's Equality Day events.

Planned Parenthood Affiliates of Michigan, based in Lansing, has 1,232 clinics throughout the state. The purpose of this organization is to provide information and advocacy on reproductive health care issues.

Right to Life of Michigan is based in Grand Rapids (Kent County) and has 70,000 members. The purpose of this organization is to present information about the topics of fetal development, abortion, alternatives to abortion, and euthanasia.

There are also several women's organizations in Michigan that are unique to the state. Black Women Aware (BWA) in Detroit is a service organization designed to inform black women about social, political, cultural, and educational issues that directly affect their lives. This organization has 200 members.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Pregnancy Aid, Inc., located in Detroit, has 45 members. The purpose of this organization is to provide help to women with unplanned pregnancies, give pregnancy tests, and provide maternity clothes and a referral service for other needs. It is affiliated with Pregnancy Services of Michigan, which has a network of 95 affiliated groups with over 2,000 volunteers. In addition to the Detroit affiliate, three groups are located in Genesee County, three in Kent County, and eleven in the Upper Peninsula.

The Council of Catholic Women-Archdiocese of Detroit has 150 affiliated organizations. The purpose of this organization is to speak and act on issues of concern to women in Catholic women's organizations.

The Women's Service Network, located in Grand Rapids, is committed to reducing and preventing the use of tobacco among women. This group is a highly active and committed member of the Kent County anti-tobacco coalition.

Blue-collar Workers

There are a few civic and service organizations that have blue collar workers as the primary members or that serve blue collar workers. One such organization is the Association of Community Organizations for Reform Now (ACORN), which is located in Detroit and has 200 members. This is a grassroots organization of low and moderate income individuals and families working for better communities.

Much networking for blue collar workers is done through unions, described in Section II.B.4., above.

Less-Educated Individuals

Systems for gaining access to less-educated individuals include schools offering remedial or high school equivalency programs, or worksites that employ workers in certain service or labor jobs that require a minimum of education.

Outside of these channels, there are few formal organizations that specifically have less-educated individuals as members or that serve this population group. One of these is Links, Inc. which is a women's organization based in Detroit. This organization serves the community through educational, cultural, and civic activities. Its purpose is to provide enrichment experiences to those who are educationally disadvantaged and culturally deprived.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Unemployed Persons

There are many organizations nationally and in Michigan that serve and represent those with employment and financial difficulties. For example, Goodwill Industries of Greater Detroit, with 200 staff and employees, has vocational rehabilitation programs and evaluation services.

The Lion's Club of Michigan has 23,000 members state-wide. This organization is a service club organization created to assist the needy, blind, deaf and to serve the community. The Grand Rapids branch of the Lion's Club sponsors a retirement community for the blind.

The St. Vincent De Paul Society, in Detroit, is a religious organization created to assist the poor and those in need with emergency help. This organization provides food and clothing, and assists with medical care and housing needs. They have approximately 1,600 volunteers and serve 40,000 households per year.

The Urban League is a volunteer civic and social organization that aims to eliminate racial segregation and discrimination. There are branches of the Urban League in all four of the intervention regions. The Urban League of Flint has conducted the Community Hypertension Identification Program which screens community members for hypertension and provides referrals where necessary for additional care. This group also is conducting an AIDS education program for Spanish-speaking and Native American members in the Flint community, which has reached approximately 2,000 people. The Urban League is also an important member of the Genesee County anti-tobacco coalition. The organization has 1,248 paying members and $4 million in funding. The Urban League of Grand Rapids conducts housing assistance programs, landlord/tenant training, on-the-job training, employment training, and an AIDS awareness program. This organization has 420 paying members and 150 volunteers, and a budget of $1.5 million.

Heavy Smokers

Heavy smokers are found among all of the target populations listed above. Therefore, access to community networks that reach those populations will ensure that heavy smokers are a part of smoking cessation interventions in a variety of settings.

However, heavy smokers may be represented in networks not mentioned previously. For example, heavy smoking occurs in some public recreation areas. Genesee County's tobacco control coalition looked to bowling alleys as one focus for their efforts to establish smoke-free facilities. Similar projects could be

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

employed in the many bowling alleys in the intervention regions, and state-wide bowling associations could become involved. The Bowling Proprietor's Association of Michigan is a trade association made up of proprietors of bowling centers from throughout the state. This organization has 300 members. The Michigan Women's Bowling Association, Inc., located in Kent County, has 321,189 members. It is a membership service organization for women bowlers and organizes state bowling tournaments.

Prisons are another area where heavy smokers are represented. Section II.E., below, discusses smoking control efforts in Michigan's county jails.

Smokeless Tobacco Users

In Michigan, smokeless tobacco is most often used by people living in rural areas. One organization that represents citizens from the rural areas of the state is the Michigan Rural Rehabilitation Corporation. The purpose of this corporation is to give financial assistance in the form of loans to farm youth. The Michigan Rural Safety Council, which is associated with Michigan State University, was formed to develop safer living and working conditions for rural Michigan people. This council assists the Michigan Department of Public Health in producing a report entitled *Farm Injury in Michigan*, which provided statistics on the hazards of farming.

Another group that contains smokeless tobacco users are Little League teams. Since many major league baseball players use chewing tobacco or snuff, children on baseball teams often attempt to emulate these players by using smokeless tobacco. There are many Little League teams in Michigan. These teams are affiliated with Little Leagues, Inc., which has its headquarters in Indianapolis, Indiana.

II. E. Community Environment

1. **Discuss the presence and relative influence of cues and messages supporting smoking and those supporting nonsmoking.**

2. **Discuss the potential for decreasing messages supporting smoking and increasing cues and messages supporting nonsmoking.**

Environmental factors can influence an individual's decision to use or avoid tobacco products. Unfortunately in our society, there is a constant struggle between those cues and messages that support smoking and those that discourage this behavior.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

In Michigan, tobacco policy at the Pontiac Silverdome, home of the Detroit Lions NFL football team and other events, typifies the conflict and confusion that surround social norms on smoking. In support of nonsmoking in public places, the Silverdome is subject to the Michigan Clean Indoor Air Act, meaning that smoking is allowed only in designated smoking areas. However, this anti-smoking message is counteracted by the tobacco advertising displayed prominently in that arena.*

Advertising and Promotion

One of the leading factors that encourages the use of tobacco products is the unparalleled advertising and promotional campaigns of the tobacco marketers. In spite of the fact that cigarette advertising has been banned from the broadcast media since 1971, cigarettes continue to be the most heavily promoted products in the country. In 1988, the tobacco industry spent $3.72 billion on advertising and promotion in order to maintain sales among the American people.[97]

The strong influence of tobacco advertisements can be traced to the appealing images they project, with little suggestion of the health dangers that accompany the use of these products. In addition, the industry recently has turned a greater proportion of its budget to promotional activities: distribution of free samples that places the product directly in the hands of the consumer; and linking tobacco products with activities or events that create a benevolent or favorable image for the industry. Both advertising and promotion are heavily used in Michigan.

Market analyses have shown that tobacco advertising targets minorities, women, and blue collar workers. Consequently, significant industry activity can be found in the Detroit area. A 1989 study by the Detroit City Planning Commission reported that 55 to 58 percent of all the billboards in the city's poorer neighborhoods contain tobacco or alcohol ads, whereas the percentage in the higher income areas was 34 to 43 percent. The study noted that one 10-square-mile area of Detroit had twice as many billboards as the entire city of Grand Rapids, the state's second largest city.[98]

This barrage of advertising has not gone unchallenged by anti-smoking advocates, however. The Detroit City Planning Commission

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*Annually, the Michigan High School Athletic Association requests that tobacco advertising in the Silverdome be covered during the state's high school football play-offs which are held there. Although the request was not met favorably for the first few years, the management now complies with that request to some degree.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

study was undertaken as a result of activity by the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT). This grass-roots group, organized by Wayne County Commissioner Alberta Tinsley-Williams, raised public awareness of the problem through public demonstrations and through community workshops called "The Meaning of the Message." The Genesee County anti-tobacco coalition is planning to work with CABAAT in order to bring this type of community action to the Flint area.

CABAAT is currently negotiating with city officials to develop regulatory approaches to the problem. The Planning Commission report included several recommendations for remedying the problem through zoning ordinances, including prohibiting signs in certain districts and limiting the numbers of signs in any one location facing the same direction of traffic. Approval may be hampered by the fact that the billboards generate more than $200,000 in fees and taxes for the financially-troubled City of Detroit each year."

A second counterattack on tobacco advertising in Michigan is the large and effective mass media campaign waged by the Michigan Department of Public Health and other agencies in the state. These campaigns, which are seen and heard on television, radio and billboards statewide, are described in detail in Section IV.B.

In addition to advertising, other forms of tobacco promotion are also prominent in the state. The tobacco industry sponsors several sporting events in Michigan, such as the NASCAR Winston Cup stock car race, and the Marlboro 500 auto race at Michigan International Speedway. Communities receiving tobacco dollars include Muskegon, where events during this year's popular Lumbertown Music Festival were underwritten by Philip Morris and Bloomfield Hills, where the new and innovative Bloomfield Hills Model High School receives more than 25 percent of its funding from the RJR Nabisco Foundation. Also, it is widely known that many services and facilities in minority communities are funded by the alcohol and tobacco industry.

Such sponsorship and support connect tobacco companies to activities and events that are favorable to the public, helping to erase public perception of the link between tobacco products and death and disease. Fortunately, public awareness of the problem was raised earlier this year when U.S. Secretary of Health and Human Services Louis Sullivan addressed Detroit's annual NAACP fundraising dinner and denounced such sponsorship by the tobacco industry.

Free tobacco samples are widely distributed in Michigan. Detroit residents report that Kool cigarette trucks are a common sight in their area during the summer months, offering free samples to persons on the street. At Lake Superior State University in

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Sault Ste. Marie, free samples of smokeless tobacco have been included in the Welcome Week packets for new students. And Philip Morris sponsorship of Muskegon's Lumbertown Music Festival gave the company entree into the festival to distribute free samples of their brands.

Public Policy

To some degree, public policy in Michigan sends a positive nonsmoking message. (Refer to Section IV.A. for details on the following measures.) Policies such as the Michigan Clean Indoor Air Act and the state law restricting smoking in restaurants help to define nonsmoking as the norm in the state. The Youth Tobacco Act suggests that tobacco products should be kept away from children because of their harmful nature. The Michigan law requiring health warnings on smokeless tobacco billboards also sends a message about the dangers of tobacco use. And the state's excise tax on cigarettes provide a financial disincentive to using them.

To strengthen tobacco control policy in the state, bills establishing smoke-free schools and smoke-free hospitals, banning the distribution of free tobacco samples, restricting placement of tobacco vending machines, increasing nonsmoking seating in restaurants, and raising the excise tax on all tobacco products have been introduced in the Michigan legislature this session.

Several local areas have also instituted policies that discourage the use of tobacco. For example, the cities of Marquette and East Lansing have clean indoor air ordinances that are stronger than the state law. Beginning October, 1990, Marquette County will institute a system of licensing for tobacco retailers, and will restrict the placement of tobacco vending machines to areas not accessible to minors. And all county buildings in Ottawa County are now smoke-free, by county ordinance. (See Section IV.A. for further details.)

However, three factors hamper the ability of some laws to make a significant impact upon the tobacco problem in Michigan. The first are weaknesses inherent in the laws themselves. As an example, the Michigan Clean Indoor Air Act has proven to be inadequate in areas such as coverage of housing units in correctional or mental health institutions, and allowing smoking in private offices without requiring that the office doors be closed. Another example is the Youth Tobacco Act, which does not include a penalty for tobacco vendors who fail to post the required warning sign regarding sale of tobacco to minors.

A second problem is that enforcement of these laws is often lacking, which weakens their ability to influence decisions about tobacco use. Policies regulating smoking in public places are

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

only as strong as the willingness of the public to complain about the problem, and the interest of proprietors in upholding the law. The Michigan Department of Public Health and local health departments across the state provide enforcement for the Michigan Clean Indoor Air Act, but only recently has a procedure been developed at the state level for citing facilities that fail to comply with the Act. Enforcing the Youth Tobacco Act is not seen as a priority by local law enforcement officials.

Furthermore, the impact of the cigarette excise tax in Michigan is diluted as inflation and industry policy raise the total price of the product. In the Detroit area in particular, the economic disincentive of the excise tax is circumvented by the retail practice of breaking open packages and selling cigarettes individually for as little as 10 cents each. This makes these products more affordable for children and persons with low incomes.

Another factor that weakens the impact of tobacco policy in Michigan is the influence of the "tobacco lobby" in the state legislature. While the above legislation is testimony to the ability of anti-tobacco advocates to impact public policy, the strength of the industry also is evident. For instance, while health advocates were successful in requiring vendors to post a sign warning against sale of tobacco to minors under the Youth Tobacco Act, the tobacco lobby succeeded in specifying the size, shape, type style and wording so as to make it nearly unreadable. Advocates were unsuccessful in their attempts to include a health message on the vendor sign and in gaining an increase in the penalty for selling tobacco products to minors, a penalty that has remained unchanged since 1915. In addition, tobacco interests successfully lobbied Michigan legislators to add provisions to the Act that make prosecution of those charged with selling tobacco to minors more difficult.

In attempting to influence policy, the tobacco industry has been successful in promoting its interests by arguing that tobacco-related issues should be placed within the context of economic benefits to the state. The industry has asserted that "anti-tobacco" means "anti-business", an influential argument in a state like Michigan, which experienced an economic downturn during the past decade.

To combat the political influence of the tobacco interests, Michigan is fortunate to have a strong network of local anti-tobacco coalitions working toward policy change (see below). The industry is less able to influence policymakers at the local level, and citizens are often more interested and active in community affairs at this level.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Programs and Services

Widespread availability of prevention and cessation programs and services conveys a social message about the unacceptability of tobacco use. Section IV.C. describes in detail the many programs and services available across the state of Michigan. These include (among many others): the Michigan Model for Comprehensive School Health Education; the "Smoke-Free Class of 2000" program; group and self-help cessation services offered by the voluntary health organizations, local health departments, and private agencies; worksite cessation services supported by funds from the Worksite Wellness component of the Michigan Health Initiative; and local coalition initiatives.

These services must be visible to the public in order to be effective in influencing personal decisions regarding tobacco use. In Michigan, several clearinghouses disseminate information about prevention and cessation programs. (See Section IV.C.) Public awareness of the Michigan Department of Public Health cessation "hotline", the Cancer Information Service, and the ALA of Southeast Michigan's "Smoking Phone", all raise public awareness of the need for reducing tobacco use.

Local Anti-Tobacco Coalitions

In Michigan, community groups are a vehicle for much public consciousness-raising about tobacco issues. At the center of action in many communities are local anti-tobacco coalitions, some of which have been or still are funded by grants from MITOP. These groups work toward strong tobacco control policies, and provide information to their communities about the health effects of tobacco and the potential impact of community policies related to tobacco prevention and control.

The following list of coalitions that are active as of September, 1990 shows the breadth of local anti-tobacco efforts in Michigan:

SAFE (Smoke-Free Air for Everyone), Kent County
SMART (Smoke-Free Multi-Agency Resource Team), Genesee County
CABAAT (Coalition Against Billboard Advertising of Alcohol and Tobacco), Detroit
Marquette County Tobacco Or Health Community Coalition
Alger County Coalition Against Tobacco
Chippewa County Anti-Tobacco Coalition
Gratiot County Coalition for a Tobacco-Free Society
Montcalm Coalition Against Tobacco
Muskegon Area Coalition for a Smoke-Free Environment
Tobacco Use Policy Coalition of Clinton, Eaton, Ingham, and Shiawassee Counties

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Smokebusters 2000 (Washtenaw County)
Clinton County Coalition for Tobacco Reduction

The existence of these coalitions sends a clear message to the local public that tobacco use is an unacceptable activity that creates undesirable consequences for their communities. MITOP recently provided continuation funding to four local coalitions, and plans to provide funding for new coalitions in the future. MITOP also provides consultation and information services for coalitions that are not funded by the state.

Proximity to Canada

Michigan is one of several states that share a border with Canada. Canada has seen an extraordinary decline in smoking prevalence during the last decade, brought about at least in part by a series of progressive tobacco control measures that will be fully phased-in as of January, 1991. These include prohibitions on all tobacco advertising in print (including billboards), a ban on the distribution of free samples of tobacco, a prohibition on the use of tobacco trademarks on non-tobacco goods such as t-shirts and baseball hats, and a ban on tobacco company sponsorship of cultural and sporting events. Most prominent among these measures is a high tobacco excise tax. The Canadian federal excise tax amounts to C$1.04 per pack (as compared to the U.S. federal excise tax of $.16 per pack), plus provincial taxes that are equally high.

While the impact of these policies is not directly felt by U.S. citizens in Michigan, publicity surrounding these measures sends a clear message regarding trends in public policy on the hazardous substance of tobacco. This is especially true for residents of the Detroit area, who can witness firsthand the flow of Canadian citizens who cross the Detroit River to purchase lower-priced American tobacco products.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

III. THE SMOKING PROBLEM

A. Use available smoking prevalence data to describe the smoking problem on the site.

Since the publication of the first U.S. Surgeon General's report on smoking and health in 1964, a wealth of information has been gathered regarding the health consequences of tobacco use. Cigarette smoking has been identified by the U.S. Surgeon General as the chief avoidable cause of death and disease in this country.

In 1985, the Current Population Survey (CPS) was used to determine rates of smoking in the United States. In the United States, 31.3 percent of males and 25.0 percent of females age 16 and over smoked cigarettes. Rates of smoking in Michigan were higher than the national averages, with 32.9 percent of males and 32.0 percent of females age 16 and over reported to smoke cigarettes. Smoking rates for Michigan women ranked third highest in the country.[100] (See Table III.C.1., below, for information on Michigan smoking prevalence by gender.)

TABLE III.C.1.

Smoking Prevalence by Gender
(Current Smokers 16 Years of Age and Older)

Gender	Percent	Total*
Male	32.9	1,482.5
Female	32.0	1,514.9

*In thousands

Source: Marcus AC, Shopland DR, Crane LA, Lynn WR: Prevalence of Cigarette Smoking in the United States: Estimates From the 1985 Current Population Survey. JNCI 1989; 81(6):409-414.

Racial and regional differences were also noted in the CPS. Overall, 37.2 percent of blacks, 30.9 percent of Hispanics and 30.7 percent of whites smoke cigarettes. Michigan is located within the East North Central division of the North Central region and, in this region, rates of smoking are higher than the

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

national average. Rates of smoking reported for males age 16 and over were 37.5 percent for Hispanics, 37.3 percent for blacks, and 30.9 percent of whites. Rates of smoking for females age 16 and over were 33.5 percent for blacks, 27.3 percent for whites and 17.7 percent for Hispanics.[101]

Higher rates of smoking among minority groups creates particular challenges in Michigan, where nearly 20 percent of state residents belong to a minority group.

B. Discuss the smoking and health problem as justification for proposed intervention regions.

Section I.D. provides general justification for the selection of the four intensive intervention regions. The following discussion of the health consequences of tobacco use provides further information to justify implementation of an ASSIST project in Michigan, and the selection of the four intensive intervention regions.

The causal relationship between smoking and health has been established for a host of diseases, including the nation's major killers--heart disease and cancer.[102] Smoking-attributable morbidity and mortality rates have been calculated for Michigan using state data and a computer program, SAMMEC II**. During 1987, 16,417 Michigan adults died from smoking-attributable illness. That same year, Michigan also lost 127 infants and children under one year of age due to maternal smoking during pregnancy.[103] (See Table III.C.2., below, for data on Smoking-Related Morbidity and Mortality Due to Cancer, Lung and Heart Disease in Michigan.)

**The SAMMEC II (Smoking-Attributable Mortality, Morbidity, and Economic Costs) software is available through the Centers for Disease Control of the U.S. Department of Health and Human Services. It allows individual states to calculate mortality, morbidity, and economic costs attributable to smoking. Estimates (except for perinatal mortality) are for adults aged 35 years and older, and calculations for different age and gender groups can be obtained.

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

Table III.C.2.

Smoking Related Morbidity and Mortality Due to Cancer, Lung and Heart Disease

Rate**	COPD	CHD	Stroke	Lung	Other	Overall
356.3	52.5	150.4	25.3	118.5	27.5	356.3

**Number of deaths per 100,000 persons

Source: Information from 1987 SAMMECII calculation and Vital Statistics Section.

CANCER

Lung Cancer

Smoking is the primary risk factor for the development of lung cancer. Current cigarette smokers have lung cancer mortality rates that are 11 times to 22 times greater than the rates of nonsmokers.[104] Lung cancer also is linked to cigar and pipe smoking, although the risk is not as great as that from cigarette smoking.[105]

It has been shown that smokers who are exposed on a regular basis to other airborne substances--such as certain occupational materials (i.e., asbestos) or indoor and outdoor air pollutants--face a higher risk of lung cancer than other smokers.[106]

Cigarette smokers who quit smoking can decrease their risk of lung cancer considerably. It has been estimated that former smokers who have not smoked for 15 years or more have only a slightly higher risk of lung cancer than nonsmokers.[107, 108, 109]

Lung cancer mortality among white men has begun to level off, reflecting changes in smoking prevalence, however lung cancer mortality among women and black men has continued to increase since the 1930s.

In Michigan, a total of 4,553 deaths were attributed to lung cancer in 1986. Cigarette smoking is estimated to cause more than 80 percent of these lung cancer deaths.[110] During 1987, smoking was responsible for 4,099 deaths from cancer of the lung, bronchus and trachea in Michigan. This represents more than 85

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Source: https://www.industrydocuments.ucsf.edu/docs/krjl0000

percent of all deaths from these cancers in the state during that year.[111]

Cancer of the Mouth, Throat, and Esophagus

Smoking has been causally related to cancer of the lip, oral cavity, pharynx, larynx, and esophagus. Relative risks of current smokers developing cancers at these sites have been calculated from data from the Cancer Prevention Study II of the American Cancer Society.*** Men who currently smoke are more than 27 times more likely to die from cancer of the lip, oral cavity, and pharynx, 10 times more likely to die of cancer of the larynx, and almost eight times more likely to die from cancer of the esophagus than men who do not smoke. Among women, death from laryngeal cancer is almost 18 times more common among smokers than among nonsmokers. Women who smoke are 10 times more likely to die of cancer of the esophagus and nearly 6 times to die of cancer of the lip, oral cavity, and pharynx, than women who do not smoke.[112]

Pipe and cigar smokers experience roughly the same risks for cancer of the mouth, throat, and esophagus as do cigarette smokers. Smokers who quit for an extended period of time significantly reduce their risk for these cancers, relative to those persons who continue to smoke.[113]

The use of smokeless tobacco, particularly moist snuff, is highly correlated with oral cancer.[114] [115] Oral cancer has been found to be several times more common among users of snuff than among those persons who do not use snuff. For long-term snuff users, the excess risk for cancer of the cheek and gum may be almost fifty-fold.[116]

During 1987, 575 Michigan residents died of smoking-attributable cancer of the mouth, throat, and esophagus, accounting for 79 percent of all Michigan deaths from these cancers.[117]

***The Cancer Prevention Study II, a prospective study sponsored by the American Cancer Society, was conducted between 1982 and 1988 in all 50 states among 1.2 million persons. Subjects were predominantly White and tended to be more educated than the general U.S. population. As such, the results are more representative of middle-class White America than of the U.S. population as a whole. The data presented here are preliminary estimates taken from unpublished tabulations of the American Cancer Society.

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Bladder and Kidney Cancer

A strong association exists between cigarette smoking and cancer of the bladder and kidney.[118,119] Men who smoke are almost three times as likely to die from bladder or kidney cancer as men who do not smoke, while women who smoke are 1-1/2 to 2-1/2 times as likely to die from these cancers as women who do not smoke.[120] The risk for bladder and kidney cancer increases with a higher lifetime exposure to tobacco smoke, and decreases with continued years of cessation.[121]

During 1987, there were 282 deaths in Michigan from smoking-attributable bladder and kidney cancer. This represented 37 percent of the state's 1987 mortality total for those cancers.[122]

Cancer of the Pancreas

Cigarette smoking has been identified as a major contributing factor in cases of pancreatic cancer.[123] The relative risk for this type of cancer is more than twice as high for smokers as for nonsmokers.[124] Most studies have recognized an increased risk for heavy smokers, as well as a decreasing risk for those smokers who quit.

During 1987, there were 219 deaths in Michigan from smoking-attributable pancreatic cancer. This represented 26 percent of all Michigan deaths from cancer of the pancreas for that year.[125]

Stomach Cancer

Although the association is weaker than it is for some other types of cancer, cigarette smoking also is associated with stomach cancer. A summary of studies on smoking and stomach cancer indicated that cigarette smokers have higher rates of mortality from stomach cancer than nonsmokers, although these differences are small.[126] Recent studies also indicate higher mortality rates for heavier smokers relative to lighter smokers.[127] Michigan-specific data on smoking-attributable stomach cancer are not available.

Cervical Cancer

The relationship between cervical cancer and tobacco use has been established only since 1977. Current smokers face almost twice as high a risk for cervical cancer as nonsmokers,[128] although some studies have indicated that the amount of increased risk of cervical cancer faced by current smokers is not quite this great.[129]

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During 1987, 42 Michigan women died as a result of smoking-attributable cervical cancer. These deaths accounted for 31 percent of all Michigan cervical cancer deaths during that year.[130]

CARDIOVASCULAR DISEASES

Coronary Heart Disease

During 1986, 28 percent of all deaths in the United States resulted from coronary heart disease. Michigan ranked second nationally in deaths attributed to coronary heart disease.[131] Many factors combine to increase the risk of coronary heart disease, but major risk factors are cigarette smoking, high blood cholesterol levels, and high blood pressure. Because cigarette smoking is present in a larger percentage of the population than any of these other risk factors, it stands as the major preventable cause of coronary heart disease in this country.[132]

Current smokers are two to three times more likely than nonsmokers to die from coronary heart disease. The risk of death from coronary heart disease increases for heavier smokers and for those person with a greater lifetime exposure to tobacco smoke.[133] Cigarette smoking also has been shown to compromise the effectiveness of certain medications used to treat heart disease.[134]

The incidence of coronary heart disease is lower for women than for men, a finding that probably reflects women's lower smoking prevalence and lighter smoking habits.[135] However, the risk for myocardial infarction is 10 times greater for women who smoke and use oral contraceptives than it is for women who do neither.[136]

During 1987, 6,230 Michigan residents died from smoking-attributable heart disease. This represented 22 percent of all Michigan deaths from ischemic heart disease (4,593 deaths), and 20 percent of all deaths from other heart diseases, including cardiac arrest, rheumatic heart disease, and pulmonary heart disease (1,637 deaths).[137]

Atherosclerosis

Studies have shown a significant positive relationship between smoking and atherosclerosis.[138] During 1987, there were 447 deaths in Michigan from smoking-attributable atherosclerosis. These deaths represented 38 percent of all Michigan deaths from this condition during that year.[139]

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Atherosclerotic Aortic Aneurysm

Studies have shown that death from ruptured aortic aneurysm is more common among smokers than among nonsmokers.[140] During 1987, 308 persons died in Michigan from smoking-attributable aortic aneurysm, accounting for 47 percent of all Michigan deaths from this condition for that year.[141]

Cerebrovascular Disease

Several risk factors contribute to the development of cerebrovascular disease. However, there is a causal relationship between smoking and stroke,[142] and other studies have confirmed that smoking is an independent risk factor for this condition.[143]

Current smokers are almost two to five times more likely to die from cerebrovascular disease than nonsmokers.[144] The risk for stroke increases with the number of cigarettes smoked and decreases dramatically after the smoker quits smoking. There is a high degree of association between smoking and strokes in younger persons. The risk for stroke diminishes with increased age, and there is little or no association between stroke and current smoker status after the age of 65 years.[145]

During 1987, 1,030 Michigan residents died from smoking-attributable cerebrovascular disease, accounting for 19 percent of all 1987 Michigan deaths from this disease.[146]

Atherosclerotic Peripheral Vascular Disease

Cigarette smoking is a major risk factor for this disease, and its effects are increased when combined with diabetes. For those who smoke, quitting is the most effective method of decreasing the risk of this disease.[147] During 1987, 105 Michigan residents died from smoking-attributable atherosclerotic peripheral vascular disease and other smoking-attributable arterial diseases. This represents 43 percent of all mortality from these diseases among Michigan residents during that year.[148]

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Tobacco smoking is the only major risk factor for chronic obstructive pulmonary disease (COPD).[149]

Lung function, known to decrease naturally with age, decreases at a much faster rate for smokers than for nonsmokers.[150] The degree of loss of lung function is closely associated with the length of smoking history and the number of cigarettes smoked,[151] although even new smokers show some abnormal function in the small airways

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of their lungs.[152] Many smokers--perhaps 10 percent to 15 percent[153]--develop serious respiratory disease.

Loss of lung function due to smoking is a cumulative and irreversible process.[154] Quitting smoking will not reverse the damage already suffered by the lungs, but stopping cigarette use will cause the degree of decline in lung function to revert to nonsmoker rates.[155] Smokers are nine to 10 times more likely than nonsmokers to die from COPD.[156]

As with lung cancer, the incidence of COPD in women has historically lagged behind that of men. However, as smoking prevalence has increased among women, rates of COPD among women have started to approach the rates of COPD among men.[157]

Those who smoke only cigars or pipes show a higher rate of mortality from COPD than nonsmokers, but not as high current cigarette smokers.[158]

During 1986, Michigan ranked 20th with 2,196 COPD deaths attributed to smoking.[159] During 1987, 2,798 Michigan residents died of smoking-attributable COPD and related conditions, including emphysema, chronic airway obstruction, asthma, pneumonia, bronchitis, and influenza. This represented more than 55 percent of all Michigan deaths from these diseases of the respiratory system during that year.[160]

PEPTIC ULCERS

Studies have shown a relationship between smoking and peptic ulcers. Such ulcers, particularly those in the duodenum, are more likely to occur in smokers than in nonsmokers. They are less likely to heal if the sufferer continues to smoke, and they are more often fatal in smokers than in nonsmokers. Data on smoking-attributable deaths from peptic ulcer in Michigan are not available.

SMOKING AND PREGNANCY OUTCOME

Maternal smoking during pregnancy has been shown to be related to several negative pregnancy outcomes. Among the best-substantiated effects of maternal smoking during pregnancy are low birthweight and late fetal/early infant mortality.

Smoking also has been associated with perinatal and infant mortality. Relative to nonsmoking pregnant women, pregnant women who smoke experience a 25 percent to 55 percent greater risk of mortality among first-born children. The level of risk was dependent upon the number of cigarettes smoked per day. For second births, the mortality risk is 30 percent greater among

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smokers, regardless of the amount smoked. If smoking were eliminated among pregnant women, 7 percent to 11 percent of fetal and infant deaths might be avoided.[161]

Nearly 20 percent of 1987 newborn and infant deaths from low birthweight, respiratory distress syndrome, and newborn respiratory conditions were attributed to maternal smoking during pregnancy. In addition, smoking was responsible for more than 13 percent of 1987 Michigan deaths from sudden infant death syndrome (SIDS). One hundred and twenty-seven Michigan infants died during 1987 due to maternal smoking during pregnancy.

OTHER HEALTH EFFECTS OF SMOKING

Passive Smoking

Cigarette smoking is dangerous and deadly, not only to smokers, but also to nonsmokers who are regularly exposed to tobacco smoke in the environment. Estimates of the number of Americans who die each year from diseases related to environmental tobacco smoke are as high as 46,000, a figure that closely approximates the number of persons killed annually in auto accidents in this country.[162]

The mortality rate among exposed nonsmokers is equal to that of regular cigar and pipe smokers, former cigarette smokers, and current smokers using fewer than 10 cigarettes per day. Living with high levels of ambient tobacco smoke may alter an individual's general health status and increase the likelihood of fatality from a variety of illnesses.[163]

The disease most strongly associated with passive smoking is lung cancer. This could translate into more than 3,800 smoking-attributable lung cancer deaths annually among nonsmokers in the United States.[164] The risk of lung cancer may be up to 30 percent higher for nonsmoking spouses of smokers than it is for nonsmoking spouses of nonsmokers.[165] A recent study has shown that nonsmokers who were exposed to a smoker throughout childhood and adolescence had a twofold risk of lung cancer in adulthood. It was calculated that approximately 17% of lung cancers among nonsmokers could be attributed to high levels of exposure to cigarette smoke during childhood and adolescence.[166]

Several studies also have indicated a link between passive smoking and heart disease. These studies suggest associations between nonsmokers living with smokers and coronary heart disease, nonfatal coronary events, and arteriosclerotic heart disease.[167] In general, this association is not yet firmly established.

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differences. Cerebrovascular disease mortality rates are higher for blacks and Native American males than for whites (paralleling the fact that smoking prevalence rates are also higher for these two minority populations), although death rates for cerebrovascular disease among Asian/Pacific Islanders and Hispanics are lower than the rate for whites.[175]

Smoking-related Cancer Among Minorities

Michigan data on cancer also reflect racial differences. For cancer of the lip, oral cavity, pharynx, pancreas, larynx, and lung and bronchus, incidence and mortality rates are higher for black men and women in Michigan than for white men and women.

Infant Mortality Among Minorities

A comparison of infant mortality rates for blacks and whites in Michigan between 1970 and 1986 reveals a shocking infant mortality rate difference. During 1988, the black infant mortality rate of 21.7 deaths per 1,000 live births was 152 percent higher than the white rate of 8.6 deaths per 1,000 live births.[176] Limited data are available on infant mortality rates for other minority communities in Michigan.

SPECIAL PROBLEMS IN MICHIGAN

Several factors from the previous discussion are significant when considering tobacco reduction efforts in Michigan. The most obvious is the fact that the incidence of and mortality from most smoking-related diseases are higher among minorities, particularly blacks. Michigan has a higher than average minority population, with attendant high rates of smoking-related disease. Two of the intensive intervention regions, Detroit and Genesee County, contain most of the black population in Michigan.

Also noted in the discussion of the health hazards of tobacco use is the synergistic effect of industrial pollutants and tobacco smoking on lung cancer. Three of the intervention regions--Detroit, Kent County, and Genesee County--are the major industrial centers of the state.

Among the major causes of oral cancer is the use of smokeless tobacco. In Michigan, high prevalence of use of these products is in the Upper Peninsula, which is one of the intensive intervention regions.

Finally, the previous discussion points out health problems of smoking that are specific to women, such as cervical cancer and negative pregnancy outcome, and notes that the incidence of other

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smoking-related diseases among women is increasing. As noted in Section III.A., smoking prevalence among Michigan women ranks third highest in the nation. Consequently, Michigan is an important area in which to support activities that will lead to a reduction in smoking-related disease.

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IV. INTERVENTIONS

A. Policy

1. Discuss the political organization on the site (state and local jurisdictions, administrative structures).

Michigan

The State of Michigan is headed by a Democratic governor, James Blanchard, who has served since 1983. Gov. Blanchard is running for a third term in November 1990, and will be opposed by the current Senate Majority Leader, Republican John Engler.

Michigan has a bicameral legislature composed of full-time legislators who work in two-year sessions. The state Senate, which has 38 Senators, is Republican by a majority of two. In the 110-member House of Representatives, the Democrats have a slightly larger majority (58 members). House members are elected every two years, and Senate members every four years. All state legislative seats are up for election in 1990. Generally, the rural areas of the state elect conservative Republicans, the urban areas liberal Democrats, and suburban areas chose moderate Republicans or Democrats.

Although traditional legislative channels are the most common way in which laws are enacted in Michigan, state statutes allow Michigan citizens to force the enactment of laws through the process of petition. Through the initiative petition, the people may propose laws to be placed before a vote of the legislature. Michigan residents also may petition for a public vote on laws passed by the legislature, through the referendum petition. Both of these methods have been used in recent years to force action on Michigan's abortion laws and on tax reforms.

Several social and economic factors influence policy decisions in Michigan. As described earlier, the U.S. automobile industry has experienced a serious decline from many previous decades of growth and prosperity. This has created economic problems not only for the areas of the state that were directly dependent upon the automobile industry for employment, but also other areas that produced goods or services used by the industry or its employees. Consequently, economic issues have become an overriding concern in Michigan political decisions.

Labor unions are another of the important influences on the Michigan political scene. Historically, this constituency developed numbers and power through the rise of the automobile industry in the state.

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